

## Assisted Living

Complete & return to:

### The Gardens at Osage Terrace

3317 SE L St. Bentonville, AR 72712

Phone: 479-254-8759

And/Or

### Legacy Village

1303 NE Legacy Parkway, Bentonville, AR 72712

Phone: 479-271-2387

Full Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Address/City/State/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nearest Relative/Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lived at current address for: \_\_\_\_\_ years Own Home: \_\_\_\_\_ Rent Home: \_\_\_\_\_

### RENTAL HISTORY (5 year history required; use extra page if needed)

1. Previous Address/City/State/Zip: \_\_\_\_\_

Reason for Move: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_ How long there: \_\_\_\_\_

2. Previous Address/City/State/Zip: \_\_\_\_\_

Reason for Move: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_ How long there: \_\_\_\_\_

### ANNUAL INCOME

Income – Total anticipated gross annual total from all sources:

Social Security: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ Pension: \$ \_\_\_\_\_

Veteran's Assistance \$ \_\_\_\_\_ Monthly payments from any source \$ \_\_\_\_\_

Long Term Care Insurance: \$ \_\_\_\_\_ other (describe) \$ \_\_\_\_\_

### ASSET INFORMATION: List all accounts:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ CDs \_\_\_\_\_

Investments and other interest bearing accounts with amounts \_\_\_\_\_

Any assets over \$5,000 or disposed of any assets in last 5 years: Yes \_\_\_ No \_\_\_

Describe: \_\_\_\_\_

Any vehicles: Make/model: \_\_\_\_\_ Yr \_\_\_\_\_ Tag # \_\_\_\_\_ State: \_\_\_\_\_

## Assisted Living

Are any members of the household full time students: \_\_\_\_\_ Filed Joint Tax Return? \_\_\_\_\_

Have you ever been served an eviction notice or been asked to vacate a property you were renting? \_\_\_\_\_

Willingly or intentionally refused to pay rent when due? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Are you currently using illegal drugs? \_\_\_\_\_

Are you currently using marijuana? \_\_\_\_\_

Have you ever been convicted for the sale, distribution or possession of illegal drugs? \_\_\_\_\_

Were you ever asked to allow or participate in extermination of pest other than regularly scheduled pest control? (such as roached, bed bugs, rodents,...) Yes \_\_\_\_\_ No \_\_\_\_\_

I/we certify that I/we have revealed all assets and incomes currently held or previously disposed of and that I/we have not other assets than those listed on this form (other than personal property). I/we further certify that the statements made in the application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under federal law.

Authorization is hereby given for the Managing Agent to conduct an investigation of the applicant, which includes, but not limited to, all listed former residences, all references and the use of a credit reporting company. It is understood that any such report may include information about applicant's character, general reputation, personal characteristics, mode of living, and credit standing. I/we understand that in order to be qualified, we must provide all information needed in a timely manner. The undersigned acknowledge that this written notice was received prior to the undersigned receiving a lease agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved Yes \_\_\_\_\_ No \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Reject Notice: \_\_\_\_\_